

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042515

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 6099 Registrar's No. 137

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 7 1963

1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>East Prairie</i>		c. CITY OR TOWN <i>Queen City</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2 mi. S.E. Queen City</i>		d. STREET ADDRESS (If outside, give location) <i>Queen City</i>	
3. NAME OF DECEASED (Type or print) First <i>Victor</i> Middle <i>Lee</i> Last <i>Slaughter</i>		4. DATE OF DEATH Month <i>Oct</i> Day <i>30</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-17-1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	
11a. FATHER'S NAME <i>Oren Slaughter</i>		11b. MOTHER'S MAIDEN NAME <i>Kenn Foster</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. INFORMANT <i>Mr. & Mrs. L. Slaughter</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Massive Coronary Thrombosis</i> DUE TO (b) <i>Coronary Arteriosclerosis</i> DUE TO (c) <i>Generalized Arthritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 months</i> <i>10 yrs.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease (Condition given in PART I (a)) <i>Generalized Arthritis</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>1:30 A</i> Month <i>8</i> Day <i>12</i> Year <i>1963</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>Queen City, Mo.</i>	
21. I attended the deceased from <i>8/23/50</i> to <i>10/30/63</i> and last saw him alive on <i>10/29/63</i> Death occurred at <i>1:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <i>Edward M. Roberts, M.D.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov 1 1963</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Queen City Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Queen City Mo</i>	
24. FUNERAL DIRECTOR <i>Dorley Furl</i>		25. DATE RECD. BY LOCAL REG. <i>Nov. 1, 1963</i>	
26. REGISTRAR'S SIGNATURE <i>Thorne Slaughter</i>		27. DATE SIGNED <i>11/1/63</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify, that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4619

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit raised 11-1-63